

Psychiatric Clinics for Children

PSYCHIATRIC CLINICS FOR CHILDREN

With Special Reference to State Programs

By HELEN LELAND WITMER, PH.D.

Smith College School for Social Work;
Research Associate, National Committee
for Mental Hygiene

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Foreword

FROM the experience which the National Committee for Mental Hygiene has had in studying and encouraging the development of psychiatric services for children, two findings of major importance have emerged. First, the need for such service is nationwide and should be met in rural areas and small towns as well as in the larger urban centers where clinics are now mainly to be found. Second, the plans for psychiatric programs must be based on thorough understanding both of the needs of children and of varying local conditions.

Efforts to provide psychiatric service for children in non-metropolitan areas have been made in a number of states. These programs have generally been built up by the trial and error methods characteristic of pioneer work, and often local pride or other prejudice has obscured inadequacies that would otherwise have been recognized. Nevertheless the staff personnel and others engaged in the work have followed the constructive course of doing their best in the light of available knowledge and of learning by doing.

A sufficient body of experience has accumulated in these state programs to warrant the effort to draw from it practical information that may be of help in planning new programs or modifications of those already in existence. With this purpose in mind the National Committee some years ago detailed two staff members well qualified by experience in the field, Miss Winifred W. Arrington and Miss Dorothy Brinker, to undertake the collection of data relative to statewide psychiatric services for children, and it has continued to observe the experience and to study the essential changes in organization and administrative methods and the reasons therefor. The Committee is fortunate in having been able to enlist the help of Dr. Helen Witmer to analyze the material against a

background of psychiatric and sociological knowledge. In addition to presenting information obtained as indicated, this volume sets forth general principles and discusses practical questions that should be considered by clinicians, administrative officers and boards, legislators, and others concerned with the planning of psychiatric service for children.

GEORGE S. STEVENSON, M.D.

*Medical Director, National Committee
for Mental Hygiene*

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Introduction

THOSE who would promote the mental health of children through psychiatric service are riding upon a full tide. For thirty or forty years it has been rising. In that time knowledge of the emotional life of children has increased enormously, and the art of helping those who are in emotional difficulty has been greatly improved. Concurrently the public's interest in these matters and understanding of them have grown. While there is still much in our social values and institutions that makes the progress of mental hygiene difficult, it seems unquestionable that the various professions concerned with human behavior are increasingly interested in the implications which dynamic psychiatry has for their work.

So far the financial resources available have not met the need. Private philanthropy has provided most of the money for the relatively few clinics that are sufficiently well equipped to give adequate service, while state and local governments have been reluctant to undertake any large-scale work of this kind. At present, however, public health, social welfare, and educational authorities are becoming increasingly concerned about mental health problems. It seems particularly important, therefore, to consider carefully what the experience of the past thirty years has taught about psychiatric work with children, so that we may take full advantage of this current of interest and not lose the venture.

It is the purpose of this book to review and analyze the evidence. For this we must go back to the beginnings of child psychiatry in the United States, note its basic hypotheses, and trace out the various lines of its development. We must try to discover what the essential elements in an effective program of child psychiatry are, and see what have been the accomplishments and difficulties of various actual programs.

We must study the changes that have taken place in the theory and practice of favorably situated clinics and consider their implications for work outside the protected area of urban child guidance. For the challenge of the present moment is that of discovering some means by which the kind of help that is available to the few patients of the best clinics can be offered to children throughout the country. As an immediate goal, this is obviously an impossible ideal; but it does seem reasonable that the criteria for effective service as now understood should be made explicit so that an approach to the ideal can be made as rapidly as circumstances permit.

This problem has been one of the continuing concerns of the National Committee for Mental Hygiene. In 1934 a description of the theory, findings, and subsequent development of the demonstration child guidance clinics that had been established in 1922 by the Commonwealth Fund was published.¹ The book dealt with the history and policies of the (usually) privately financed, urban clinics which followed the lines of development laid down by the demonstration clinics established by the Commonwealth Fund. Concurrently with that study the Committee started upon a survey of the work and problems of clinics located outside the large metropolitan centers and financed by state governments, for it appeared that such clinics were the chief means by which psychiatric service might be made generally available. Material relative to these clinics was accordingly collected for several years by Winifred W. Arrington and Dorothy Brinker, and a book about the findings was planned.

In the meantime two perhaps correlated changes were taking place. On the one hand, child guidance in both its psychiatric and case work aspects was being rapidly transformed from a rather common-sense approach to children and their

¹ George S. Stevenson and Geddes Smith, "Child Guidance Clinics: A Quarter Century of Development," New York, The Commonwealth Fund, 1934.

problems to a highly technical profession whose practices were based upon well-articulated theories. On the other hand, what had at first been a rather vague expectation that state governments would in one way or another gradually expand their psychiatric services for children assumed more positive form with the Federal Government's interest in child welfare and mental health problems. It seemed important, therefore, to do something more than survey the practices and experiences of state-supported clinics, for many of the practices seemed already outmoded and not to be recommended for duplication by new mental health programs. Instead, it appeared that the time was ripe for a new review of the history and theory of clinical child psychiatry, one that would moreover give attention to a rather neglected aspect of the question—the cultural prerequisites of a successful mental hygiene program.

The survey material was used, therefore, to elucidate one segment of the complex pattern that must be visualized before the requirements of an effective clinic system can be understood. It was supplemented, on one hand, by an analysis of the underlying philosophy, cultural prerequisites, and antecedent history of clinic work and, on the other, by a close consideration of what recent theory and practice have revealed. It is perhaps unnecessary to emphasize, therefore, that state clinics are described in this book not in order to complete a historical survey or to give a census account but in order that we may learn from their varied experience in psychiatric work.

GENERAL PROBLEMS OF PSYCHIATRIC SERVICE FOR CHILDREN

American psychiatric service for children has followed two main lines of development. One represents an extension of the extramural activities of institutions, particularly mental

hospitals, to include children—first, the defective and “pre-psychotic,” and later all who might be looked upon as potential institutional patients. In some states this work has been taken over by departments of the central government, but the prevention of mental disease tends to remain the objective since the clinics are frequently under the direction of the department that also supervises the mental hospitals. The other line of development is that of the urban child guidance clinic, usually privately financed, which aims to conserve mental health. While the distinction is not absolute (some public schools, for instance, maintain child guidance clinics, and some private hospitals give clinical psychiatric service that is much like that usually offered under state auspices), by and large, public and privately supported clinics tend to differ considerably in many important respects. The child guidance clinics usually serve a limited urban area and can restrict their intake. They are interested in treatment as contrasted with diagnosis, and in that work they employ a group of clinicians instead of relying, hospital-fashion, chiefly on the psychiatrist. In contrast, the hospital and state-administered clinics are usually set up for diagnostic service. As public institutions, most of them accept all comers as patients. Many operate in rural areas, where they must divide their time among many small communities. Their staffs tend to be less specifically trained for work with children, and much of the administration follows the lines of hospital tradition.

Attempts to adapt the theories and methods of the urban child guidance clinics to a state program therefore meet many problems, some of them inherent in a non-metropolitan situation—the lack of trained personnel and financial resources, lack of supporting community services, and, perhaps, even of attitudes on the part of the public that favor child guidance work—and some of them growing out of psychiatry’s own history and diversified interests.

For psychiatry, like other arts and sciences, is not a single, universally accepted body of theory and practice. Instead, there are several schools of thought whose hypotheses regarding the nature of mental functioning differ radically and lead to diverse attitudes and practices with respect to the selection of patients and their treatment. One group, for instance, in dealing with mental disorders thinks in terms of diseases of specific organs; another sees habit disorganization as an important element in the problem; while a third proceeds from a theory of instincts and accompanying emotions. In studying the activities of any particular program of child psychiatry therefore, the nature of its basic assumptions must be taken into account, for the types of children that are sought as patients and the services rendered to them are logical—if not always deliberate—derivatives of a theory of psychiatry.

In studying the work of psychiatric clinics, attention must also be paid to the assumptions and attitudes about human nature that predominate in the communities in which the program is being carried on. Child psychiatry is peculiarly dependent upon cooperation from both lay and professional groups for the carrying out of its therapeutic procedures. Even when this does not take the form of aid in effecting environmental changes for the patients, there must be a certain extent of cultural harmony between psychiatrists and the rest of the community if children are to be helped to adjust to life there. This is the basis for the "education of the public" which is a standard part of most mental hygiene programs. More subtly, the need for a common outlook pervades all psychiatric endeavors, and the lack of it accounts for much of the dissatisfaction which psychiatry encounters in dealing with both lay and other professional groups. Exact data on this subject are almost impossible to procure, and reliance must be placed instead on meager suggestions and general

knowledge about American life. Nevertheless, this aspect of the problem cannot be disregarded, for in the concurrence of psychiatric aims with a community's desires probably lies the explanation of many successful child psychiatry programs.

To keep in mind these two variables—the theoretical assumptions of a given psychiatric program and the culture of the community in which it operates—and at the same time pay due regard to the specific methods that are used and the personal idiosyncrasies of the administrators is obviously an impossible task, even if all the needed data were available. Yet it is upon such intangibles as these that the success or failure of a psychiatric clinic depends. It is clear at the outset, then, that our analysis of the clinics' work will result in no clean-cut evaluation. All that can be hoped is that some of the reasons for relative success or failure will emerge, and that, from the study of past and present experiments and theories, there will be findings of value to those who would set up new programs, as well as to those whose interest in mental hygiene is of a less immediate and practical nature.

CONTENTS OF THE BOOK

Since this book has a much wider scope than was originally planned, we offer the following readers' guide through its intricacies, so that those who, for instance, are chiefly interested in the changes that have taken place in child guidance theory shall not be discouraged by the mass of detail about state clinics, while those who are already well acquainted with history and theory can find more quickly our evaluation of the experience of state-supported clinics and what our recommendations for future programs are.

Part I gives the background of clinical child psychiatry in the United States. In Chapter I an attempt is made to explain how psychiatry came to the place where it considers the behavior problems of children within its area of competence.

The concepts of eighteenth and nineteenth century psychology that were incorporated into dynamic psychiatry are briefly discussed, and the main streams leading to modern American child psychiatry are noted. Particular attention is paid to the theories and activities of Adolf Meyer, for it is he, in our opinion, who exerted the greatest influence on the development of child psychiatry under state auspices. It seems particularly significant that in the early days he was closely associated with G. Stanley Hall and William James, for in their various ways these three men prepared the public to accept, at least partially, the viewpoint of later mental hygiene. Turning from Meyer, we analyze next the specific contributions which Freudian theory made to the early work of clinical child psychiatrists in this country and conclude the chapter with the observation that the agreement of these leaders that mental activity represents the adjustment of the total individual provides the basis for psychiatry's interest in the child.

Chapter II deals with the other chief element in the background of a clinic program—the ideas and institutions in American life that facilitate or hinder the progress of mental hygiene. Some of the reasons why their support is needed are discussed, and the distinction between the humanitarian and the self-interest motives is pointed out. Chapter III concludes Part I with a historical survey of the early clinics, most of which were state financed, and of the findings of the demonstration clinics, which first made child guidance a specific undertaking, and a statistical estimate of the adequacy of present clinic services.

Having discovered that the chief scarcity of clinics is found in non-metropolitan areas, we turn in Part II to an analysis of the clinics financed by state governments, for it is these which now provide most of the extra-urban service. The aim here is not to present a statistically accurate report of current conditions (for that would too soon be out of date) but rather

to describe typical experiences and modes of behavior of state-financed clinic services so that some tentative evaluation of trends and practices can be made for the benefit of those who participate in planning new programs for children who live in small towns and cities. Clinics conducted by mental hospitals made up about three-fourths of the 373 clinics under state auspices in 1935, so a particularly long chapter is devoted to an analysis of their practices and problems. Such questions are considered as at whose request they were initiated (and the bearing of that upon their reception and services), how they were introduced into communities more or less ignorant of mental hygiene (that is, some of the problems involved in what is called community education), their structure and services, types of patients, composition and training of staff, kinds of service offered (including that most baffling of all questions in traveling-clinic work—the use of local workers), and so on. This survey made it clear that there is not much in common between most state-hospital clinics and the urban child guidance ones, that the work of the former tends to be confined to diagnostic studies of feebleminded or neurologically disabled children, and that there is little in their point of view or facilities that equips them to give help to maladjusted children of relatively normal intelligence. Two state hospital clinics that are, however, conducted along child guidance lines are described in detail in Chapter VI. In Chapter VII some of the peculiar characteristics of clinics conducted by psychopathic hospitals or state university medical schools are discussed, while Chapter VIII is devoted to the policies and problems of clinics conducted under the direct auspices of central departments of the state government.

Readers who are not interested in the detailed analysis that these chapters contain or who want to follow more directly the main argument as it was initiated in Part I are advised to go directly to Part III, which opens with a sum-

mary of the problems presented by the data in Part II and sets forth a hypothesis which is further developed in the rest of the book. That hypothesis is based on the fact that three rather divergent objectives were discovered in the work of the state-financed clinics. Its argument is that much of the apparent confusion in clinic work will disappear if the function of a clinic is clearly conceived in terms of one or another objective, and training of staff and clinic services are derived from it.

The three objectives—historically distinct but intermingled in the present thinking and practice of many clinics—are the following: to reduce the number of admissions to state institutions, to prevent psychoses and crime, to promote the mental health of children irrespective of future contingencies. Chapter X reviews in considerable detail the theory and evidence with respect to the possibility of preventing psychoses and crime through child guidance and comes to the conclusion that as a specific goal of child psychiatry this objective is untenable. Chapter XI considers what modifications in staff training and services need to be made if clinics are to help the parents and teachers of feebleminded or neurologically handicapped children to work out plans for the children's maximum development. In this connection the evidence with respect to the likelihood of being able to help these types of patients through clinic services is reviewed.

Chapter XII will probably be the most interesting to those readers who engage in psychiatric work with children suffering chiefly from emotional problems. Here the recent developments in child guidance theory are considered in a way that cuts across some of the usual lines of demarcation. The conflict between social and individual objectives in psychiatric treatment is discussed—and the theories that resolve that conflict are described. Preceding that, however, the consequences that follow from a clinic's aligning itself with other

regulative institutions are pointed out. Then some of the recent refinements in child psychiatry—particularly those elements derived in common from the work of Meyer, Freud, and Rank—are described, and their ramifications in case work with parents noted. The various means by which clinics working along these lines attempt to effect the adjustment of problem children are also considered, with their attendant consequences for the clinic's conception of its function. Finally, the implications of these recent developments for the training and duties of the various members of the clinic's staff are reviewed and reemphasized.

The final chapter attempts to draw together the numerous threads of argument previously developed and to show what pattern they disclose for clinic work, particularly under state auspices and in non-metropolitan centers. Various practical questions are considered, and if no exact answers are given it is because we recognize that conditions in the United States are too diverse to permit of drawing up detailed plans for clinic programs. We are convinced, however, that child guidance theory and experience do provide some very specific basic requirements which must be met if a program of clinical psychiatry is to be successful. Since it has taken a rather lengthy volume in which to set them forth, they cannot be summarized here.

ACKNOWLEDGMENTS

In concluding this preface to the book I should like to indicate some of the sources of my knowledge of the field, as well as to take responsibility for the sometimes audacious suggestions that I have made. It is difficult to know in what order to express my indebtedness. In the background of my preparation for the study are my ten years of experience in working with child guidance clinics and mental hospitals as a member of the staff of Smith College School for Social Work.

Introduction

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The psychiatrists and case workers who taught me there are too numerous to list but those who have given me the most consistent tutoring are Dr. Evelyn Alpern, Dr. H. E. Chamberlain, and Miss Bertha Capen Reynolds. My sociological approach to the problem derives from my training in that field at the University of Wisconsin and from work with Professor Bronislaw Malinowski of the University of London. Close at hand there is, of course, my indebtedness to Miss Winifred Arrington and Miss Dorothy Brinker, who collected the data on which Part II of the book is so largely based. Finally, there is Dr. George S. Stevenson to be thanked for his persistent encouragement and clarifying advice.

H. L. W.

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